

Client Satisfaction Survey

Please tell us how you feel about the services provided by our office. Please use this form and add any comments. Return this to us in the enclosed, self-addressed stamped envelope.

1. When you first called this office, you were asked questions to find out your problem. How courteous and respectful was the intake specialist?

Very Courteous [] Fair [] Not at all courteous []

2. If you came into the office, how did the front desk receptionist treat you?

Very Well [] Well [] Fair [] Poorly [] N/A []

3. How courteous and respectful was the paralegal who spoke with you later?

Very Courteous [] Neutral [] Not at all courteous []

4. How well did the paralegal listen to your concerns or questions?

Listened very well [] Well [] Not so well []

Did not listen at all []

5. How well did the paralegal explain the legal details of your problem to you?

Very Well [] Well [] Neutral [] Poorly []

6. Did the paralegal use words that were easy for you to understand?

Easy to Understand [] Somewhat Understandable []

Hard to Understand []

7. How well did the paralegal explain how he/she intended to help you?

Very Well [] Well [] Neutral [] Poorly []

8. How well did your legal worker do in following up with you, if needed?

Very Well [] Well [] Neutral [] Poorly []

9. Did the paralegal spend enough time with you?

Spent as much time as needed [] Spent very little time []

10. Generally, how helpful was the advice given by our office?

Very Helpful []

Helpful [] (Didn't solve my problem, but I understood why)

Not Helpful []

10. Other comments:

11. May our staff contact you to discuss any of these matters?

Yes []

No []

YOUR NAME _____
TELEPHONE: _____

ADVOCATE#
CSR#